

HEALTH PROGRAMMES: Quick guide on how to address protection

Why do we need to think about protection in health programming?

Surely by providing health care we are protecting people? Well yes and no. Yes, the provision of health care is in itself meeting people's needs, but specific steps need to be taken to ensure that everyone gets equal access to health care and that it is provided in the way that can best protect each individual. For example if there is not provision for a blind person to read the information then the service may not be accessible to him or if a victim of sexual abuse is not afforded privacy then you may cause her greater harm even if the medical provision is good. We need to ensure that the health response is truly accessible to all persons.

Does your programme ensure that the availability of health care meet everyone's needs?

- With the massive caseload in Gaza it is clear not everyone can be reached at once, so **identify and find ways to support those with greatest needs first**.
- If providing **health care for collective centres** also ensure there are services for the local/host community
- Is health care available in **all geographic locations**? Can people who live in the ARA access health care? What about people who live in an area where the health facility was destroyed in the recent conflict?
- Is the service provision suitable for the most vulnerable persons – **elderly, persons with a disability, pregnant women, children**
- During and after conflict ensure that facilities are available for **reproductive health**; whilst response to conflict related injuries have a priority, reproductive health cannot be marginalized
- Ensure that health staff know how to respond to the specific needs of **victims of serious human rights** violations, including sexual violence and physical abuse.
- Essential to **have female staff available**
- Health care services should include access to treatment for STIs and post exposure prophylaxis for HIV (PEP)
- Staff should be trained in providing **psychosocial support** to reduce trauma, and how to make appropriate referrals

Is the health service you provide accessible to all persons?

- Ensure staff are **aware of protection concerns**, such as the need to ensure access for all beneficiaries including vulnerable groups?
- Health in collective centres**: Ensure people know how and where to obtain health care particularly for new arrivals at the centres
- There are significant numbers of **newly disabled people** after the conflict – are they fully informed and able to access services
- Ensure that provision is in place to refer patients to **services outside of Gaza** – this includes providing direct assistance, monitoring access and where required advocacy
- Ensure that services can be **accessed by persons with reduced mobility** (e.g. persons with physical disabilities, the elderly, bed-ridden individuals, victims of GBV who may have limited mobility due to fear/stigma)
- Consider different physical disabilities. Artificial limbs may make even relatively short distances difficult. **Talk to persons with disabilities** about what solutions would best fit their needs.
- Ensure that staff are trained to work with **individuals with intellectual disabilities**
- Make special arrangements for people who have difficulty accessing services (e.g. **mobile health teams, home visits**).
- Affordability. Keep service free of charge or minimal fees.
- Non-discrimination**

Would the way the service is provided be acceptable to all persons?

- Identify areas in and around health facilities that could be potentially unsafe like dark alleys, and mount lights or place security around them
- Provide separate waiting areas for men and women
- A **code of conduct** applicable to all staff should be developed and staff orientated to this
- To avoid trauma and reduce the chance of being singled out in the health centre, victims **of serious human rights violations should be prioritised.**
- Staff should ensure the **confidentiality of victims/survivors** ; respect the wishes about the care provided, and get consent prior to sharing information.
- Ensure that **an information sharing agreement** is established, for referrals, so that a survivor of abuse will not need to repeat their story
- Ensure examination rooms are well separated from public spaces or the waiting area, and explain to patients any medical procedure.
- If female doctors/nurses are not available, consider advocating with the authorities to organise a female doctor rotation between locations.
- If necessary have specific hours or days should be set aside for consultations with women and children only
- Interventions should be culturally and religiously acceptable.**

Does the health service provide a quality service for all clients?

- Consult with the local community;** ensure that men and women, boys and girls, elderly and persons with disabilities are consulted
- Make sure that data storage is secure
- Evaluation mechanisms must measure the protection impact and in particular the extent to which they have enhanced access for health services
- Do you have a complaints mechanism** that does not require the person exposing themselves to staff? Do not assume an “open door” policy is enough.
- RESPOND to complaints,** regardless of whether corrective measures can/need to be put in place.
- Complaints mechanisms should be in line with Protection from Sexual Exploitation and Abusive systems.**
- Good documentation** of any exams or procedures done on any patient.
- Capacity building of the staff in order to keep them updated, well trained and sensitive to protection issues

Check list – make sure you can answer yes to these five questions

Have you consulted with the community about what different groups need and want?	<input type="checkbox"/>
Are you prioritising the most vulnerable? <i>E.g. In the geographic area you work, who are most in need?</i>	<input type="checkbox"/>
Is your planned response appropriate <i>to local culture</i>	<input type="checkbox"/>
Does your response address security and accessibility concerns? <i>Have you considered if there might be unintended consequences?</i>	<input type="checkbox"/>
Are services accessible to all persons? [e.g. persons with disabilities, chronically sick, elderly]	<input type="checkbox"/>

What should I do if I have serious protection concerns?

If you are aware of someone in need of protection support [child who may be abused/ an adult with a disability/ elderly person who is at risk) contact the UNRWA Protection section for refugees (059 960 9511 or 059 792 0807) and the Protection Cluster lead/OHCHR for non-refugees who can advise of relevant partner organisations to follow up on the case.